FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

1168178

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	=							
OMB Number:								
Expires:April 30, 2008 Estimated average burden								
hours per form								
SEC US	SEC USE ONLY							
Prefix	Serial							
1	1							
DATE RE	DATE RECEIVED							
1	1							

OMB APPROVAL

Name of Offering	(check if this is an ame	ndment and name	has changed, and i	ndicate change.)		^	
Issuance of Participa	iting Shares of Structured	d Servicing Holdin	gs (Offshore), Ltd				
Filing Under (Check be	ox(es) that apply):	☐ Rule 504	☐ Rule 505	⊠ Rule 506	☐ Section	ე́n,4(6) \ဩ UI	.OE
Type of Filing:	☐ New Filing					NECEIVI D	<u> </u>
		A. BASI	CIDENTIFICAT	ION DATA	(C 100	N D. P. a. annos	10
1. Enter the informa	tion requested about the is	suer			13	" -2 11" EUU1	//
Name of Issuer	check if this is an amen	ndment and name h	nas changed, and in	dicate change.	134	. 60	
Structured Servicing	Holdings (Offshore), Ltd.				(A)	186 /	
Address of Executive	Offices	·	(Number and Stre	et, City, State, Zip C	ode) Tele	onone Number (I	ncluding Area Code)
c/o Structure Walker	s SPV Limited, P.O. Box 9	008GT, GeorgeTov	vn, Grand Cayman	, Cayman Islands			-
Address of Principal O	offices		(Number and Stre	et, City, State, Zip C	ode) Telej	phone Number (I	ncluding Area Code)
(if different from Execu	ıtive Offices)						PHUCESSE
Brief Description of Bu	siness: Private Inves	stment Company			· - ·		MAD & Annu
				<u> </u>		•	MAR 1 4 2007
Type of Business Orga	_	.					THOMSON
] corporation	<u> </u>	partnership, already		⊠ other (p	olease specify)	FINANCIAL
L	business trust	☐ limited p	partnership, to be fo	rmed	Cayman Is	slands Exempt (CompanyANCIAL
			Month	Yea		_	_
Actual or Estimated Da	ate of Incorporation or Orga	nization:	0 9	20	00		☐ Estimated
Jurisdiction of Incorpor	ration or Organization: (En	ter two-letter U.S. F	Postal Service Abbr	eviation for State;			٦
		CI	N for Canada; FN fo	or other foreign jurise	diction)	FN	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC I	DENTIFICATION DAT	A	······································
Each beneficial own Each executive office	ne issuer, if the iss ner having the pov cer and director of	ollowing: suer has been organized wi wer to vote or dispose, or d	ithin the past five years;	of, 10% or more of	a class of equity securities of the issuer; intnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first,	if individual): Bro	wnstein, Donald I.			
Business or Residence Add		•	•	lio Mgmt., LLC	
Clearwater House, 8 th Floo Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual): Rus	ssell, Christopher			
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): c/o Structured Portfo	lio Mgmt., LLC	
Clearwater House, 8th Floo	r, 2187 Atlantic S	Street, Stamford CT_0690	2		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	if individual): Liu,	Yong			
Business or Residence Add Clearwater House, 8 th Floo		-	•	lio Mgmt., LLC	
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual): Wei	ntraub, Sheldon A.			
Business or Residence Add	ess (Number and	Street City State Zin Co	de): c/o Structured Portfol	lin Mamt II C	·· ••
Clearwater House, 8th Floor			-	no mgma, cco	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual): Lint	ourgh, Martin		<u> </u>	
Business or Residence Add		•		lio Mgmt., LLC	
Clearwater House, 8 th Floor Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual): Stic	hting Pensionfonds ABP		-	
Business or Residence Addr	ress (Number and	Street, City, State, Zip Co	de): Oude Lindestraat 70,	6411 EJ Heerlen,	The Netherlands
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual): The	Board of Trustees of the	Land		
Business or Residence Addi	ress (Number and	Street, City, State, Zip Co	de): c/o Stanford Manager	nent Company	
27770 Sand Hill Road, Men	ılo Park, CA 9402	25			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addi	ess (Number and	Street, City, State, Zip Cod	de):		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

						В.	INFORM	MATION	ABOUT	OFFER	ING			
				<u> </u>										
1.	Has	the issue	r sold, or c	does the is	suer inten	d to sell, to Answer a						•••••	☐ Yes	⊠ No
2.											\$1,000,000* May be waived			
3.	Doe	s the offe	ring permit	t joint own	ership of a	single uni	t?					*******	Yes	□ No
Full I	Nam	e (Last na	ıme first, if	individual)									
Busi	ness	or Reside	ence Addro	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Nam	e of	Associate	d Broker o	or Dealer										
						tends to Ses)								☐ All States
□ (<i>A</i>	AL]	☐ [AK]	[AZ]	☐ [AR]	CA]	□ [CO]	[CT]	□ [DE]	DC]	☐ [FL]	☐ [GA]	[HI]	□ [ID]	
□ (i	L]	□ [IN]	□ [IA]	[KS]	□ [KY]	☐ [LA]	☐ [ME]	[MD]	☐ [MA]	[IM]	☐ [MN]	☐ [MS]	[MO]	
[]	JT]	☐ [NE]		□ [NH]				☐ [NC]				□ [OR]		
	RI]	□ [SC]		[MT]	□ [TX]	[TU]	□ [VT]	□ [VA]	□ [WA]	□ [WV]	□ [WI]	□ [WY]	☐ [PR]	
Fulli	Nam	e (Last na	ıme first, if	individual)									
Busi	ness	or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Nam	e of	Associate	d Broker o	or Dealer										
State						tends to Ses)								☐ All States
	•					[CO]						☐ [HI]	☐ [ID]	_
	L)	□ [IN]	□ [IA]	☐ [KS]	□ [KY]	□ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[IM]	☐ [MN]	☐ [MS]	☐ [MO]	
□ (N	/T]	☐ [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	[YN]	☐ [NC]	[ND]	□ [OH]	☐ [OK]	□ [OR]	☐ [PA]	
☐ (F	RIJ	□ [SC]	☐ [SD]	[TN]	[XT] [☐		[\tau_{\text{[VT]}}	□ [VA]	□ [WA]	□ [W V]	□ [WI]		□ [PR]	
Full	Nam	e (Last na	ıme first, if	individual)									
Busii	ness	or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Nam	e of	Associate	d Broker o	or Dealer										
State						tends to Ses)								☐ All States
	AL]	☐ [AK]	☐ [AŽ]	☐ [AR]	☐ [CA]	☐ [CO]		□ [DE]		[FL]	☐ [GA]	☐ [HI]	□ [ID]	
		☐ [IN]	□ [IA]	☐ [KS]		[LA]								
_ [v		☐ [NE]	□ [NV]		[NJ] 							☐ [OR]		
☐ [F	RI]	☐ [SC]	☐ [SD]	[NT]	[XT]		□ [VT]	□ [VA]	□ [WA]	[WV]	[WI]	[YW]	□ [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	c	Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$	
	Equity			\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests				
	Other (Specify)Partnership Shares	\$	500,000,000	\$_	407,234,099
	Total	\$	500,000,000	\$	407,234,099
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		68	\$	407,234,099
	Non-accredited Investors			<u>\$</u>	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C–Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		n/a	\$	n/a
	Regulation A		n/a	\$	n/a
	Rule 504		n/a	\$	n/a
	Total	_	n/a	\$_	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		. 🗆	\$	_
	Printing and Engraving Costs		. 🗆	<u>\$</u> _	
	Legal Fees		. 🛛	<u>\$</u> _	135,593
	Accounting Fees		. 🗆	<u>\$</u>	
	Engineering Fees		. 🗆	\$	
	Sales Commissions (specify finders' fees separately)		. 🗆	\$	
	Other Expenses (identify)		. 🗖	\$_	
	Total		. 🛛	<u>\$</u>	135,593

4	b.Enter the difference between the aggregate offering price given in response to Part C—and total expenses furnished in response to Part C—Question 4.a. This difference is the gross proceeds to the issuer."	"adjusted			<u>\$</u>	499,864	4,407
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposer used for each of the purposes shown. If the amount for any purpose is not known, furnis estimate and check the box to the left of the estimate. The total of the payments listed in the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b.	h an iust equal	Payments t Officers,	o			
			Directors 8 Affiliates	ú		•	nents to thers
	Salaries and fees		\$	0		\$	0_
	Purchase of real estate		\$	0_		<u>\$</u>	0_
	Purchase, rental or leasing and installation of machinery and equipment		\$	0		\$	0
	Construction or leasing of plant buildings and facilities		\$	0		\$	0
	offering that may be used in exchange for the assets or securities of another issu pursuant to a merger		\$	0		\$	0
	Repayment of indebtedness		\$	0		<u>\$</u>	0
	Working capital		\$	0	\boxtimes	\$ 499	,864 <u>,40</u> 7
	Other (specify):		\$	0_		<u>\$</u>	0
			\$	0		\$	0
	Column Totals		\$	0	\boxtimes	\$ 499	<u>,864,407</u>
	Total payments Listed (column totals added)		\boxtimes	\$ 4	99,8	64,407	
. <u> </u>	D. FEDERAL SIGNATU	IRF					
CO	is issuer has duly caused this notice to be signed by the undersigned duly authorized personstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Compute the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	son. If this	notice is filed under oon written request	Rule !	505, the	following s informatio	signature n furnished
•	suer (Print or Type) Signature			Da	ite		
St	ructured Servicing Holdings (Offshore), Ltd.	/	m/_	Fε	brua	ry 16,	2007
	ristopher Russell Gitle of Signer (Print or Type) Director						
	ATTENTION						
		oriminal s			4004)		 .

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D
 (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Structured Servicing Holdings (Offshore), Ltd.	Signature	Date February 16, 2007
Name of Signer (Print or Type) Christopher Russell	 Title of Signer (Print or Type) Director	

Instruction:

Print the names and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manuall not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	•	•		АР	PENDIX				
1	- 2	2	3	5	,				
	to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)				
State	Yes	No	Participating Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		х	\$500,000,000	2	\$50,750,000	0	\$0		х
со		х	\$500,000,000	1	\$2,000,000	0	\$0		х
CT		Х	\$500,000,000	2	\$864,000	0	\$0		х
DE									
DC									
FL	·								
GA		х	\$500,000,000	11	\$2,500,000	0	\$0		х
HI									
ID									
IL		Х	\$500,000,000	1	\$1,000,000	0	\$0		Х
IN									
IA							<u> </u>		
KS									
KY									
LA		Х	\$500,000,000	2	\$6,000,000	0	\$0		X
ME		Х	\$500,000,000	1	\$750,000	0	\$0		X
MD	*"							<u> </u>	
MA									
MI									
MN									
MS									
МО									
MT									
NE									
NV									
NH									
NJ		х	\$500,000,000	3	\$11,200,000	0	\$0		х
NM									

•				AP	PENDIX						
								-			
1	2	2	3			4		5			
	to non-ad	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)						
State	Yes	No	Participating Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
NY		Х	\$500,000,000	4	\$7,400,000	0	\$0		Х		
NC											
ND							_				
ОН											
ок											
OR											
PA	ļ	Х	\$500,000,000	1	\$3,000,000	0	\$0		Х		
RI											
sc											
SD											
TN											
TX											
UT											
VT								-			
VA									-		
WA											
wv											
WI											
WY		\ .	A FOR OCC. 200		0004.040.000		**		ļ,		
Non		×	\$500,000,000	50	\$321,810,098	0	\$0		X		

